MARGIN RESERVED FOR BIND

| - | - | dia | - | 10 |
|-----|----|-----|-----|----|
| 112 | -4 | × | | 4 |
| V | u | | 4.7 | |

| 1. PLACE | OF DEA | TH | | | (158) | Uc | 2004 | |
|---|--|----------------|-----------------------------------|--|--|------------------------------|------------------|--|
| County | Car | oline | | | Registrati | on Dist. No. 63 | 3 | |
| Village or Length of r | | Pres | | (1) yrs,mos | No. f death occurred in a horpital or institution, give its NA ds. How long In U.S. if of foraign birth? | St.,St., | Ward | |
| 2. FULL N | AME | | Harry | Butler | | | | |
| (a) Resid | ence: No | | (Usual plac | ce of abode) | St., Ward. | lent give city or town and | d State | |
| PERSC | NAL AN | D STATIST | ICAL PART | TICULARS | MEDICAL CERTIFICA | TE OF DEATH | | |
| Male | OP DIVORCED (amile the word) | | 21. DATE OF DEATH April (Month) | 22, (Day) | , 193.3 (Yaar) | | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | | 22. I HEREBY CERTIFY, That I attended decaased from | | | |
| 6. DATE OF BIRT | H (month, de | v. and vaar) | April 2 | 21. 1933 | I last saw h alive on | | | |
| 7. AGE | ears . | Months | Days | If LESS than 1 dey,hrs. ormin, | to have occurred on the data steted above, at Tha PRINCIPAL CAUSE OF DEATH and ralated c ware as follows: | m. | Date of onset | |
| 9. Industry o work v SAW M 10. Data dece this no year) 12. BIRTHPLACE ((State er co | r business in was dona, as S AILL, BANK, o esed last wor cupation (mol city or town) ountry) | ked et nth and | ston, | time (yaars) antin this supation | Congenital weaknes Other Contributory Causes of importance: | | | |
| 13. NAME | | chard G | | | | | | |
| (State | CE (city or to or country) | wn) | Mary | land. | Name of operation | | | |
| 15. MAIDEN I | | | Butler | | 23. If death was due to axtarnal causes (VIOLENCE |) fill in also the following | g: | |
| 16. BIRTHPLA (State | ar country) | wn) | 27202 3 | land | Accidant, suicide, or homicide? Where did Injury occur? (Specify city Spacify whether injury occurred In INDUSTRY, In | or town, county and Sta | te) | |
| (Address) 18. BURIAL, CREM. | ATION, OR R | EMOVAL | reston, | Md. r.22 _{.1} 53 | Mannar of Injury | | | |
| 19. UNDERTAKER . (Addrass) | | - 1 | utler reston, | Md. | 24. Was diseese or Injury In any way related to occ | upation of dacaased? | | |
| 20, FILED AD | r.22, | 9 33 10, | books B | Registrar. | (Signed) Tolker 17 Tank (Address) Preston | Mocal R | eg istr a | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| G mes | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 2 3 4 1 2 1

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BIND certificate. AGE should be See instructions on back of mation should be carefully supplied. important. TION Is very

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH , | |
| County Caroline | Registration Dist. No. 62 |
| Village or City Ila Harrioury | NoSt.,Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds. |
| 2. FULL NAME IC. Ray Aun | |
| (a) Residence: No. | St., ' Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Milessee | 21. DATE OF DEATH 21 193 3 (Month) (Day) (Yaar) |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Hova Aleeu | 22. I HEREBY CERTIFY, That I attanded deceased from |
| 6. DATE OF BIRTH (month, day, and year) Aug 28 1885 | ! last saw h alive on |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the data stated above, atm. |
| 47 7 23 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance |
| 8. Trede, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | Ligad When I arrived - Date of onset Thest - Self sufferted faller Probably acceptantal |
| this occupation (month and 33 spent In this occupation gear) 12. BIRTHPLACE (city or town) Caroline Co (State or country) | Othar Contributory Causes of importanca: |
| 13. NAME UM H. Deen | |
| 13. NAME MM H. Leen 14. BIRTHPLACE (city or town) Cawley Co (State or country) | Name of oparetion Data of |
| 15. MAIDEN NAME Carrie Wellie 16. BIRTHPLACE (city or town) Carolina (State or equintry) | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Date of injury 44 = 7/, 19 3 3 Where did injury occur? |
| 17. INFORMANT / In Mora Neeve (Addrass) Preston 1714- | (Specify City or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place federaletury Dete april 24, 1933 | Manner of Injury |
| 19. UNDERTAKER J. J. Frampty & Son | 24. Was disease or Injury in any way related to occupation of deceased? |
| 20. FILED 4 - 5 2, 19 33 The Ab George Regiller. | (Signad) Mynny of Services Between Corona M. D. (Address) Develope med |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset of importance were as follows:

Example II

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923

| ADDITIONAL SPACE FOR FURTHER STATEMENTS B | BY | R STATEMENTS | ŀ | FOR | | A | SPA | ITONAL | ADD |
|---|----|--------------|---|-----|--|---|-----|--------|-----|
|---|----|--------------|---|-----|--|---|-----|--------|-----|

RESERVED

MARGIN

What test confirmed diagnosis? Was there an autopsy?

Date of __

(Year)

Oate of onset

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide? Homicedal, Date of injury Chal 11, 1933. Caroline County , manyland.

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example 1 | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | | |
| | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year | | |
| | | | | | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

15-23

BIND

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example_II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | GGVISIONS | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| state UPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 03838 | | | | |
|---|---|--|--|--|--|--|
| 75 | 1. PLACE OF DEATH | (131) | | | | |
| should of | County Carotine | Registration Dist. No. 4 | | | | |
| she | Village or City Federals Eura K. F. D. | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) | | | | |
| 00 - | Length of residence In city or town where death occurredyrsmos. | | | | | |
| IA me | 2. FULL NAME Sarah S. Hama | mond | | | | |
| PHYSICIANS oct statement | (a) Residence: No. Tederals Surg Md. (Usual place of abody) | R. St.F. 13 Ward. If nonresident give city or town and State | | | | |
| PH | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | | |
| LY. E | Temale, Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH OPTIP 20" (Month) (Day) (Yeer) | | | | |
| A C T issified | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Frank Hammond | 22. HEREBY CERTIFY, Thet ettended deceesed from | | | | |
| C c la | 6. DATE OF BIRTH (month, day, and year) 5/22. 1" 1866 | Vas saw h. elive on May 20 1933 deeth is said | | | | |
| d l erly | 7. AGE Years Months Days If LESS than | to have occurred on the dete stated above, at 1-10.Pm. | | | | |
| stated E properly certificate. | 3 19 Iday,hrs. | The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows: | | | | |
| | 8. Trade, profession, or perticular kind of work done as SPINNER. | Date oronset | | | | |
| d be k of | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (meth and | varaco-Vascurar | | | | |
| should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc | alma alsian | | | | |
| s sh t it | 10. Date deceased last worked at this occupation (morth and 19.3.3 spent in this) | | | | | |
| pplied. AGE erms, so that instructions of | 7.00 | Other Contributory Causes of Moortance: | | | | |
| | 12. BIRTHPLACE (city or town) QAOLINE COL | Nu levi ti | | | | |
| y supplied. ain terms, See instru | # 13. NAME Marselus Rich. | | | | | |
| upp ten | 14. BIRTHPLACE (city or town) Tally of Co. | Neme of operation Dete of Dete of | | | | |
| ly sur lain to See | (Stete or country) | What test confirmed diagnosis? | | | | |
| 1 | 15. MAIDEN NAME Elizabeth Steel 16. BIRTHPLACE (city or town) Linknown | 23. If death wes due to external causes (VIOLENCE) fill in elso the following: | | | | |
| car orta | 6 16. BIRTHPLACE (city or town) Linknown | Accident, suicide, or homicide? Date of injury, 19 | | | | |
| be c EATI | (State or country) | Where did injury occur? (Specify city or town, county and State) | | | | |
| should be ca OF DEATH | 17. INFORMANT W. Frank Hammond (Address) Federal & Frank Md. R.F. B | Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE. | | | | |
| sho E O is v | 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury | | | | |
| cause CAUSE TION is | Place DT. Yours, Ma. Date M. P. 22, 1933 | Nature of injury | | | | |
| CAUS] | 19. UNDERTAKER 3.T. Framptom & Son | 24. Wes disease or injury in eny way related to occupation of deceased? | | | | |
| | (Address) Federalasturg Md. | If so, specify | | | | |
| | 20. FILEO Upr. 21", 1933 5. 5. Fram ptam | (Signed) Li Ci All Man M. D. | | | | |
| | Registrar. ` If more blanks are needed, address State Registrar. | (Address) | | | | |
| | , | , | | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of orset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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| | |

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| Example I | li li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | REOENED | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

| STATE OF MARYLAND— | | | | CERTIFICATE OF DEATH 03840 |
|---|---|-----------------------|-------------------------------------|--|
| 1. PLACE OF DEAT | | | | (210-8) |
| County Caroline Village or City Preston, Md., | | | | Registration Dist. No. |
| Village or City | Presto | n, Ma., | | NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in cit | ty or town where dea | ath occurred | | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME | Charl | es B. J | ones | A.Al: |
| (a) Residence: No | | | | St., Ward. |
| PERSONAL AN | D STATISTIC | (Usual place of | | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| | | 5. SINGLE, MARE | RIED. WIDOWED. | 21. DATE OF DEATH |
| Male Neg | gro | or Divorced Marr | (write the word) | (Month) (Dey) (Yeer) |
| 5a. If married, widowed, or divo HUSBAND of | rced | | | |
| (or) WIFE of | Bertha : | Jones | | 22. I HEREBY CERTIFY That I attended deceased from march 13 1933 to Spirit 13 1933 |
| 6. DATE OF BIRTH (month, day | y, end year) Mai | rch 1, | 1894 | I lest saw h |
| 7. AGE Years | Months | Deys | If LESS then 1 dey,hrs. | to have occurred on the dete stated above, at A. A. m. |
| 39 | 1 | 14 | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: |
| 8. Trede, profession, or pe kind of work done, SAWYER, BODKKEE | as SPINNER, | Labor | er | Chronic Cach under |
| 9. Industry or business in | which | and the second second | | hemorrhotren 2 mas |
| kind of work done, SAWYER, BODKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e 1D. Date decessed last wor this occupation (mou | | 11 Total ti | ma (Voora) | |
| this occupetion (mor | nth and | 11. Total tin | me (years) it in this ipation | Transte epile psy |
| 12. BIRTHPLACE (city or town) | East 1 | New Mar | | Other Contributory Causes of importance: |
| (State or country) | #AYEN A | | nd | or fell, from moving automobile, sustain 40 |
| 13. NAME AST | oury Jone | es | | ing a Grature of base of skull Cust |
| 13. NAME AST | wn) East | New Ma | rket | Neme of operation Date of |
| (State or country) | Piny Mito | chell | | What test confirmed diegnosis? Was there en eutopsy? 450. |
| | | | | 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? accident Date of injury 1932 |
| (State or country) | | | | Where did injury occur? Williamsbury md |
| 17. INFORMANT Samuel Jones | | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) Preston, Md., | | | | On Street: in pullie place. |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Mt. Pleasant Dete April 16 19 33 | | | | Manner of injury Tall from moving an |
| W II IIallia e Ca | | | | water of injury of |
| 19. UNDERTAKER W_e (Address) | н. Holl Рг | lis & S reston. | Md. | 24. Was disease or Injury in eny way releted to occupation of deceased? |
| 20. FILED 91/2 15.1 | 1033 66 | 60 B | Hannier | (Signed) M. D. |
| 10,1100 | 200000000000000000000000000000000000000 | April 1 22-4-0 | Registrar. | (Address) (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | .= 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURRAU V & | | | |
| | 1 | 6.1 | |
| Other contributory causes of importance: | -12 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL. | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|-------------|-------|------|---------|--------------|----|--------------|
| UDDITIONAL | SIACE | LOIL | LOWITHE | DIVITINITINI | DI | THE PROPERTY |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No It.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 114 2 133 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis = | 3 days ago |
| 11 | | | |
| bi v | | ~ | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | - |
| | | | 1 |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BIND

OCCUPAitem of plnods Every statement PHYSICIAN RECORD. Exact PERMANENT classified H properly stated SI -THIS back may INK that instructions UNFADING supplied. plain efully portant PLAINLY. plnods 0 WRITE CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 020 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. How long in U. S. if of foreign birth?_____yrs.____mos._ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 193 3 Mars180 (Month) (Dey) (Year) 5e. If married, widowed, or divorced HUSBAND of RTIFY, Thet I ettended deceased from (or) WIFE of Sonn San. 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months If LESS than Davs to heve occurred on the date stated above, et. 1. 1 day,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Date of enset 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Totel time (years) this occupation (month and spent in this occupetion ___ 12. BIRTHPLACE (city or town). (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) Whet test confirmed diegnosis? Was there en eutopsy? MOTHER 15. MAIDEN NAME TA 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury 19. UNDERTAKER _____ (Address) If so, specify m Framistons Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | // | Example II | LE, |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 9 1933 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 12-411 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR F | URTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|--------|------------|----|-----------|
|------------------------|--------|------------|----|-----------|

(Address)

20. FILED May 2, 1933

OCCUPATION

FATHER

MOTHER

BIND FOR MARGIN RESERVED

V. S. No.

should state of OCCUPA-A PERMANENT RECORD. Every item of infor PHYSICIANS statement Exact stated EXACTLY. properly classified. certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE should be be Jo so that it may See instructions on back mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important. 8

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 04436 |
|--|--|
| 1. PLACE OF DEATH | 34) |
| County Carpline | Registration Dist. No. |
| | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos 2. FULL NAME I du Mae Meuks | ds. How long in U.S. If of foreign birth?yrsmosds. |
| (a) Residence: No. (Uaual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Where 36 , 1935 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. ALL INTEREBY CERTIFY That I attended deceased from 1933 to 1933 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Day If LESS than 1 day,hrs. ormin. | I last law he alive on the date state above, at 19. 19. 35; doath is said to heve occurred on the date state above, at 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation | Caugenital Alle |
| 12. BIRTHPLACE (city or town) Mary lund | Dther Contributory Causes of Importance: |
| 13. NAME William Way lov, | |
| 13. NAME William Daylor, 14. BIRTHPLACE (city or town) (State or country) Mary land | Neme of operation Date of Was there an autopsy? |
| 15. MAIDEN NAME Mary & James Merks 16. BIRTHPLACE (city or town) (State or country) Mary Land | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. INFORMANT Bessie & Meeks (Address) Streins bro Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place Tree from Monte Monte May 2, 1833 | Manner of injury |
| 19. UNDERTAKER () (awlings) | 24. Was disease or injury in any way related to occupation of deceased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonilis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 Juty 5,1927 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Juty 5, 1927 Peritonitis Other contributory causes of importance: |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLA CERTIFICATE OF DEATH classified Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and properly clas number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH 17 6 DATE OF BIRTH instructions that (Day) that I last (Month) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at 80 1 day The CAUSE OF DEATH * was as follows: terms RESERVED or ____min.? B OCCUPATION See (a) Trade, profession or particular kind of work plal (b) General nature of industry important. business, or establishment in(Duration)yrs.....mos. UNFADING 2 which employed or (employer) be car Contributory MARGIN 9 BIRTHPLACE Secondary (State or country DO shoul E OF OF FATHER CAUSE *State the Disease Causing Death, or, in deaths from FNH Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Reaidents) 13 BIRTHPLACE In the At place State......ds. of deathyrsmosds. should ent of OC Where was disease contracted, it not at place of dea.h?..... Every item of CIANS should statement of usual residence BURIAD OR REMOVAL Filed Registra If more blanks are needed, addre.s Ltate Regiatrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Civil engineer, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic etc. The contributory valvular hcari disease; affection need not be Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| 1. PLACE OF DEATH | 23) |
|--|--|
| County Carpline | Registration Dist. No. 6 |
| Village or City Sucusber | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Thomas M. | ds. How long in U.S. If of foreign birth?yrsmosd |
| 2. FULL NAME O COMMENT TO THE | more ! |
| (a) Residence: No. (Usualp | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PAR | RTICULARS MEDICAL CERTIFICATE OF DEATH |
| male while Ma | MARRIED, WIDOWED, ORCED (write the word) (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Science More | 22. I HEREBY CERTIFY. That I attended deceased from |
| | 26, 1896, I last saw ham alive on april 18 , 1933; death is sai |
| 7. AGE Years Months Aays | If LESS than to have occurred on the date stated above, at 4,20 m. |
| 36 8 25 | 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL. Statu for a SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (mostle and this occupation (mostle and the same than the | and . Puluman Intercutoris May - 193 |
| 9. Industry or business in which work was done, as SILK MILL, State from SAW MILL, BANK, etc. | 1 Patisluan |
| 1D. Data deceased last worked at this occupation (month and year) | otal time (years) spent in this 10 yrs occupation |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of importanca: |
| 13. NAME John T- me | work, |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Data of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Surgine Cl | ough, 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Surgine Cl | Accident, suicide, or homicide? |
| 17. INFORMANT Mrs. Madfred (Address) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, DR REMOVAL Place Control Bata | Jane 23, 1933. Manner of injury |
| 19. UNDERTAKER A. B. Raych. (Address) Lieus biro | 24. Was disease or injury in any way related to the condition of declared for the secondary of the secondary |
| 20. FILED april 22, 1933, L. Ma | (Signed) Start flusts M. |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| MAY 5 1988 | | W-44-0 | | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: | 1 year | |
| <i>Guisiones</i> | 142 47,1020 | (Additionated and | 2 your | |
| | | | 1 | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FATHER 14. BIRTHPLACE (city or town) (State or country) OTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)

Where did injury occur?_ Manner of Injury Nature of Injury

19. UNDERTAKER (Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Registrar.

What test confirmed diagnosis?. Was there an autopsy?_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was diseasa or Injury in any way related to occupation of deceased?

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| 1. PLACE OF DEATH | 93-2 |
|--|--|
| County Caroline | Registration Dist. No. 62 |
| Village or City Hickman | NoSt.,Ward |
| Length of residence in city or town where death occurredyrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) mos ds. How long in U. S. if of foreign birth? yrs mos ds. |
| 00 . ~ ~ ~ 00 | and the land of th |
| | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and Slate |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("arrite the wo | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha a noble | 22. HEREBY CERTIFY, That I attended deceased from 1932 to Class IS 1933 |
| C. DATE OF BIRTH (month, day, and year) | 7 I hast saw holin alive on alive of 13, 1933; death is said |
| 7. AGE Years Months Days If LESS to | |
| / O O Ormin | n. were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Reutice Tarms SAWYER, BOOKKEEPER, etc. | un Hemephologia - 1932 |
| 9. Industry or business in which | Hemothes Cerebral |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation (month and 1930) 11. Total time (years) spent in this occupation occupation | |
| 12. BIRTHPLACE (city or town) maryland | Other Contributery Canses of importance: |
| (State or country) | Myacarditis 1933 |
| 13. NAME Won noble | Jaw |
| 13. NAME Wow notes | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Hester Barley | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 15. MAIDEN NAME HESTER BANGE | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17, INFORMANT . T. Movie. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Concord Date of W /8, 19 | Nature of injury |
| 19. UNDERTAKER CO W adams & 3w (Address) R. D. Fedural bury M. | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED 4-17 , 1933/m AO Ging & | (Signed Hawadip O Leave M. D. |
| | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 1 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPA | ACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|---------|---------|------------|----|-----------|
|----------------|---------|---------|------------|----|-----------|

2

| PLACE OF DEATH County Caroline | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62 |
|--|--|
| Village or City Seulau (No | St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH Afril 1864 (Month) (Day) (Year | that Host saw h in ollvo on afril 2 1023. |
| 7 AGE | The CAUSE OF DEATH * was as follows: |
| a) Trade, profession or particular kind of work | Coronary Humbons - ouset 1927 |
| (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) |
| 10 NAME OF FATHER Parties 11 BIRTHPLAGE | (Signed) Aul Purts M. D. april 4 1923 (Address) Lluton lud |
| OF FATHER (State or country) englowed 12 MAIDEN NAME OF MOTHER Disperse | *State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensfers or Resent Residents) |
| 15 BIRTHPLACE OF MOTHER (State or country) OF MAN KNOWLEDGE | At place of death |
| (Informant) Miss aunil atues (Address) | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A PLACE OF BURIAL DATE |
| 15 Filed 4-5 1933 /m 110 Gearge | 20 UNDERTAKER ADDRESS ADDRESS Deulau Sel Polis Pounting V S No. 1 |
| If more blanks are needed, addrosa State Registrar | , 16 N. Saratoga St, Balto., Requesting V. S. No. 1. |

SET SCIP 0220 200 SOCIAL HOS

REVISED UNITED STATES STANCARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., tion applies to each and every person, irrespective of cupation is very important, so that the relative health. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As cramples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octo report worked on may form part of the second statement. Physician, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wometc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; "Typhoid pneumonia, Bronchopneumonia ("Pneumonia";

> "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., oi cyrbalic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-Example: Measles (discase Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A i the data is essential and must be obtained before the certificate is permanently filed.

| (If death occurred in a hospital or institution, give its NAME instead of street and number) | STATE OF MARYLAND | CERTIFICATE OF DEATH (3848 |
|--|--|--|
| Village or City Mean American Devices Langth of residence in city or town where death occurred. (a) Residence: No. Federa Sturrey Ma.R.F.L. (b) Residence: No. Federa Sturrey Ma.R.F.L. (b) Residence: No. Federa Sturrey Ma.R.F.L. (c) Residence: No. Federa Sturrey Ma.R.F.L. (d) Residence: No. Federa Sturrey Ma.R.F.L. (c) Residence: No. Federa Sturrey Ma.R.F.L. (d) Residence: No. Federa Sturrey Ma.R.F.L. (e) Residence | 1. PLACE OF DEATH | |
| Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME A. Residence: No. T. C. | county Caroline | Registration Dist. No. 10 H |
| 2. FULL NAME. AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON OVORCED (winter to be well) S. If married, windered, or diversed (Gr) Wife of Geo. Howard Particulars 5. If married, windered, or diversed (Gr) Wife of Geo. Howard Particulars 5. If married, windered, or diversed (Gr) Wife of Geo. Howard Particulars 6. DATE OF BIRTH (month, doy, and year) 7. AGE Years Months Days If LESS then 1 days | Village or City Mear american Corner (1) | ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. Federal Surg. Md., R.F.D., St., Ward. (Usual) seed a bode. PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE 5. SHOCKE, MARRIED, WIDOWED. OB PHYORCE Oriver the weid? 58. If married, widered, or diverzed 4. COLOR OR RACE 59. If married, widered, or diverzed 4. COLOR OR RACE 59. If married, widered, or diverzed 6. DATE OF DEATH 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Saw Hill, Bahk, sic. 8. Industry or business in which work we done, as SLIK MILL, SAW MILL, Bahk, sic. 9. Saw Hill, Bahk, sic. 9. Saw Hill, Bahk, sic. 10. Jahl | Length of residence in city or town where death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrs,mosds. |
| Honoresident sive city or town and State | | |
| 2. SEX 2. COLOR OR RACE 3. SINCELE MARRIED, WINDOWED Correct OR DIVORCED Cornet be wort? Termake COored, OR DIVORCED Cornet be wort? 3. If married, widowed, or divorced (GD) WIFE of Geo. Howard Pinder. 2. HEREBY CERTIFY. The I attended decessed from (GD) WIFE of Geo. Howard Pinder. 3. Index profession, or particular 3. Trade, profession, or particular 3. SINCELE MARRIED, WINDOWED (GD) WIFE of Geo. Howard Pinder. 4. COLOR OR RACE OR DIVORCED Cornet be wort? 4. COLOR OR RACE OR DIVORCED Cornet be wort? 4. COLOR OR RACE OR DIVORCED Cornet be wort? 4. COLOR OR RACE OR DIVORCED Cornet be wort? 4. COLOR OR RACE OR DIVORCED Cornet be wort? 5. Ill Itests as h. L. alive on. Mark on. M | | |
| Ternale Coored Honorist the word Harried without of the Coored Honorist Coored | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| HEREBY CERTIFY, The I attended deceased from (or) WIFE of Geo. Howard Finder. 6. DATE OF BIRTH (month, dey, and year) Selet. 16" 188 H 7. AGE Yeers Months Deys If LESS then to have occurred on the dete stete above, at 3.35 fl.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: 8. Trade, profession, or particular Selection of work done, as SPINNER. Louise. We not selected above, at 3.35 fl.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: 8. Trade, profession, or particular were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business in which were as follows: 9. Industry or business of importance were as follows: 9. Industry or business of importance were as follows: 9. Industry or business in which was due to external causes (VIOLENCE) fill in also the following: 10. Interpretation: 11. Interpretation: 12. BIRTHPLACE (city or town) | OR DIVORCED (write the word) | Hprix 11 1933 |
| 6. DATE OF BIRTH (month, dey, and year) Seft. 16" 188 H 7. AGE Yeers Months Deys If LESS then to have occurred on the dete steted above, at 3-35 ft.m. The PRINCIPLA CAUSE OF DEATH and releted causes of importance were as follows: 10 | UHICDAND of a | |
| 7. AGE Yeers Months Joys If LESS then to have occurred on the dete steterabove, at 3.35 Å-m. The PRINCIPLA CAUSE OF DEATH and releted causes of Importance were as follows: Were as follows: No. 1 do you're done, as SPINKER. House - work. SAWYER, BOOKKEPER, etc. 10. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 11. Total time (years) spent in this year) 12. BIRTHPLACE (city or town). Caroline (Stete or country) 13. NAME 14. BIRTHPLACE (city or town). Larense of importance occupation. 14. BIRTHPLACE (city or town). Larense occupation. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Larense occupation. 17. INFORMANT. Caroline (State or country) 18. BURIAL (REMATION). OR REMOVAL PICCE TEACH STATE OF THE STATE O | C 0+ 11" 188H | I lest saw h. A. alive on and 10 19 3 death is seld |
| 8. Trade, profession, or particular min. or min. or min. were as follows: 8. Trade, profession, or particular min. or min. min. were as follows: 9. Industry or business in which work were done, as SINK MILL, SAMVER, BOOKKEPER, etc. 9. Industry or business in which work were done, as SILK MILL, SAMVER, BOOKKEPER, etc. 10. Date deceased lest worked at spent in this occupation (month and year). The profession of the profe | | |
| 3. Industry or business in which work wes done as SILK MILL, SAW MILL, BAIK, etc. 10. Date deceased less worked at year) 11. Date deceased less worked at year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Plece Lederal Surge May Dete. Apr. 13", 1933 19. Manner of injury Neture o | 10 10 120 ormin. | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance |
| Solution | 8. Trade, profession, or particular kind of work done, as SPINNER. | Brown and I made |
| Dither Cateributary Causes of importance: 12. BIRTHPLACE (city or town) Caroline Co. (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) Lorenester Co. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Lorenester Co. (State or country) 17. INFORMANT Showard Pinder. (Address) Federalsoung Md Dete Apr. 13", 1933 Manner of injury 19. UNDERTAKER S. T. Fr. amptam A San (Address) Federalsoung Md Dete Apr. 13", 1933 19. OFFILED Apr. 13", 1933 19. OFFILED Apr. 13", 1933 (Signed) Dither Cateributary Causes of importance: Sylvanian Showard Co. Name of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Dete of injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER S. T. Fr. amptam A San (Address) Federalsoung Md Dete Apr. 13", 1933 11. Other Cateributary Causes of importance: What test confirmed diagnosis? Was there an autopsy? 20. If Lephanomic Country Date of the confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Dete of injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury 19. UNDERTAKER S. T. Fr. a most arm A San (Signed) 11. So, specify whether injury way related to occupation of deceased? (Signed) Manner of injury Neture of injury (Signed) | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL BANK et | 1,7,000 |
| 13. NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, OR REMOVAL Plece Federal Surg Md. Dete. Apr. 13", 1933 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. 33 (Signed) 10. Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture | Spellt till tills [- | |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL PIECE PARTABER 18. BURIAL, CREMATION, OR REMOVAL PIECE PARTABER 19. UNDERTAKER 19. UNDERTAKER 19. USA PARTABER 10. Name of operation What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Dete of injury Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER 18. Specify 19. UNDERTAKER 19. UNDER | | Dther Carributary Causes of importance: |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) Tederals Surra Max Cay Mere did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER Tederals Surra Max there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Operation occurry Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Tederals Surra Max disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. D. M | | Tubereulogio 5 year |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) Tederals Surra Max Cay Mere did injury occurred. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER Tederals Surra Max Cay Max there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Tederals Surra Max disease or injury in eny way related to occupation of deceased? If so, specify (Signed) Max disease or injury in eny way related to occupation of deceased? M. D. M. D. Max disease or injury in eny way related to occupation of deceased? M. D. M. | 13. NAME Danier Hurbard. | 1 |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country) 17. INFDRMANT 18. BURIAL, CREMATION, OR REMOVAL Plece Pederal Sung Md Dete Apr. 13", 1933 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. OF FILED Apr. 13", 1933 10. Maiden Name 10. March of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 20. FILED Apr. 13", 1933 21. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER 19. Was disease or injury in eny way related to occupation of deceased? 18. Specify (Signed) 19. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER 1 | 4. BIRTHPLACE (city or town) Drevester Co. (State or country) | 70- |
| Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT G. Howard Pinder. (Address) Federals Surg Md R.F.B 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 Manner of injury Neture of injury Neture of injury 19. UNDERTAKER S.T. Fa. amotom & Som (Address) Federals Surg Md 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 19. UNDERTAKER S.T. Fa. amotom & Som (Address) Federals Surg Md (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 (Address) Federals Surg Md Specify (Signed) 19. UNDERTAKER S.T. Fa. amotom of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or i | # 15. MAIDEN NAME Fridy Murray- | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT G. Howard Pinder. (Address) Federals Surg Md R.F.B 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 Manner of injury Neture of injury Neture of injury 19. UNDERTAKER S.T. Fa. amotom & Som (Address) Federals Surg Md 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 19. UNDERTAKER S.T. Fa. amotom & Som (Address) Federals Surg Md (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Federals Surg Md Dete Apr. 13", 1933 (Address) Federals Surg Md Specify (Signed) 19. UNDERTAKER S.T. Fa. amotom of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or i | 5 16 BIRTHPLACE (city or town) Dorchester Co. | |
| 17. INFORMANT 5. Floward tinder. (Address) Federals Grung Md. R.F.B 18. BURIAL, CREMATION, OR REMOVAL Piece Federals Grung Md. Dete. Apr. 13", 1933. 19. UNDERTAKER 5. T. Fr. am Stam & Son. (Address) Federals Grung Md. 24. Was disease or injury in eny way related to occupation of deceased? 24. Was disease or injury in eny way related to occupation of deceased? 25. Filed Agr. 13", 1933. (Signed) Manner of injury Neture of injury (Signed) Manner of injury Neture of injury (Signed) M. D. | State or country) | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Federal Sturg, Md, Dete. Apr. 13", 1933. 19. UNDERTAKER 5. T. Fr. am Stam & Sam. (Address) Federal Sturg Md 24. Was disease or injury in eny way related to occupation of deceased? 16 so, specify (Signed) Manner of injury Neture of injury (Signed) Manner of injury Neture of injury Neture of injury (Signed) Manner of injury Neture of i | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Plece Federal's burg Md Dete Mpr. 13", 1933. Neture of injury 19. UNDERTAKER 5. T. Fram Storn & Son. (Address) Federal's burg Md 20. FILED Clar. 13", 1933. Open Md (Signed) Neture of injury If so, specify (Signed) M. D. M. D. | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| 19. UNDERTAKER 5. T. Framstom & Son 24. Was disease or injury in eny way related to occupation of deceased? To (Address) Federal & Value of Management (Signed) (Signed) M. D. | Plece Federalsburg, Md, Dete Upr. 13", 1933. | |
| 20. FILED alor 13 1933 Agranustar (Signed) Well Multury M. D | an automitute - secretaria - se | 24. Was disease or injury in any way related to opcupation of deceased? |
| | 20. FILED Clar. 13 1933 Africaniston | (Signed) Rel Multura M. D |

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1928 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

-WRITE

V. S. No. 1

state

should

3. SEX 7 certificate. properly 7. AGE OCCUPATION of back may that instructions FATHER plain OF DEATH impor CAUSE LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town w long in U.S. if of foreign blrth? (a) Residence: No. (Usua lolace of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Unseus (Day) (Month) (Year) 5a. If married, widowed, or divoge HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and vi If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, ec. 9. Industry or business in which work was done, as SILK MILE SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Totel time (years) spent in this this occupation (month and occupation Other Coutributory Causes of Importance 12. BIRTHPLACE (city or to (State or country 13. NAME (State or count What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: · Accident, suicide, or homicide? (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in (Address) If so, specify

Registrar.

If more Hands are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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| Example | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

| | County Car | oline | , | Registration Dist. No. 43 |
|---------------|---|---------------------------|---|--|
| | Village or City | Presto | n, Md., | No. St., W (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| | Length of residance in city o | r town where d | eath occurredyrs, | mos. ds. How long in U. S. if of foreign birth? yrs. mos. |
| : | 2. FULL NAME | Amelia | Bertha Riec | k |
| | (a) Residence: No. | | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| and the same | PERSONAL AND | STATISTI | CAL PARTICULARS | N N N N N N N N N N N N N N N N N N N |
| | SEX 4. COLOR O | | 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Marrie) | YED. 21. DATE OF DEATH |
| 5a. | . If marriad, widowad, or divorced HUSBAND of (or) WIFE of WM • | R. Rie | ek | 1 HEREBY CERTIFY, That I attanded decaasad 20 132 to 20 19. |
| | DATE OF BIRTH (month, day, an | nd yaar) Months | Sept. 18, 18 | than to have occurred on the data stated above, at 2 |
| _ | 8. Trade, profession, or partic | 6 | 26 or | I Ind I KINCII AL CAUSE OF DEATH and related couses of importance |
| OCCUPATION | kind of work dond, as SAWYER, BOOKKEEPER 9. Industry or business in who work was done, as SILK SAW MILL, BANK, atc 10. Date deceased last worked this occupation (month year) | R, atc hich (MILL, | HOUSEWI: | Mulas tases entertinal |
| | | Wes | st Prussia | Other Coutributory Causes of importanca: |
| 12 | . BIRTHPLACE (city or town) (Stata or country) | | | 0110004 |
| ER | (Stata or country) | | chulke | Exployatory T |
| FATHER | (Stata or country) | igust s | | Name of operation April 2012 Apri |
| FATHER | (Stata or country) 13. NAME AU 14. BIRTHPLACE (city or town) (State or country) | gust We | est Prussia na Butler | |
| FATHER | (Stata or country) 13. NAME AU 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME W1 16. BIRTHPLACE (city or town) | gust We | est Prussia | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) (W in also the following: Accident, suicide, or homicide? 19. |
| MOTHER FATHER | (Stata or country) 13. NAME AU 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME W1 | lhelmi We | est Prussia na Butler est Prussia | What test confirmed diagnosis? Was there an autops 1/2 23. If daath was due to external causes (▼IOL ENCE) for in also the following: |
| MOTHER FATHER | (Stata or country) 13. NAME AU 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME W1 16. BIRTHPLACE (city or town) (State or country) NFORMANT WM | lgust We | est Prussia na Butler est Prussia Rieck eston, Md., | What test confirmed diagnosis? |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITIONAL | SPACE FO | R FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIA |
|---|------------|----------|-----------|------------|---------------|----------|
|---|------------|----------|-----------|------------|---------------|----------|

TION is very important. See instructions on back of certificate.

| STATE C | OF MARYL | AND-CERTIFICATI | OF DEATH |
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|---------|----------|-----------------|----------|

03851

| 1. PLACE OF DEATH | (183) |
|---|---|
| County Courolula | Registration Dist. No. 69 |
| Village or City Mean Deulaus | No. St., Ward |
| Length of residence in city or town where death occurredyrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. How long in U.S. if of foreign birth? |
| 2. FULL NAME Harry Fleuer | y Guith |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the way) | |
| 5a. If married, widowed, or divorced HUSBAND of (er) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day If LESS I day, or | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) | Contact Inthe Cercular Dans Office of State of State of Importance: |
| (State or country) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4 1, 19 13 Where did injury occur? Date of injury 4 21, 19 13 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Place Date 19. UNDERTAKER (Address) 20. FILED 44 - 2 2 , 1934 The B & Jenny 2 | Manner of injury Cut by Cerculan Daw Nature of Injury Coccustion of Read of Med. 24. Was disease or injury In any way related to occupation of deceased? (Signed Allegory Officeral M. D. |
| 20. FILED 27 - L 20, 197 / Mary of Engle Region | trar. (Address) Duffin |

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| Example I | | Example II - | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18 5 6

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIA

RESERVED

MARGIN

(Yaar)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | J. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis 1 | 3 days ago |
| | | 1393 | 2 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| 1. PLACE OF I | DEATH | | 93-6 | 1. |
|---|--|---|---|--------------------------|
| County Ce | stoleur | <u> </u> | Registration Dist. No. | 2 |
| Village or City_ | te in city or town where | | No. If death occurred in a hospital or institution, give its NAME instead of streets. ds. How long in U.S. if of foreign birth?yrs. | |
| 2. FULL NAME | 5. | Matildaffar | Neusel | |
| (a) Residence: | No. | (Usual place of abode) | St., Ward. If nonresident give city or to | wn and State |
| PERSONAL | AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF DEA | |
| 3. SEX 4. | COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Chail 21 | , 193 3 (Year) |
| 5a. If married, widowed, on HUSBAND of (or) WIFE of | Jolen Ha | ury faw Jeus | HEREBY CERTIES That I at 1933 16 Cpul | tended deceased from |
| 6. DATE OF BIRTH (mon 7. AGE Years | Months // | Days If LESS than 1 day,hrs ormin. | to have occurred on the date stated above, at 235m. | 933; death is said |
| 8. Trada, profession kind of work SAWYER, BOU 9. Industry or busin work was don SAW MILL, B 10. Date deceased lathis occupation | dona, as SPINNER, OKKEEPER, etc ness in which ne, as SILK MILL, ANK, etc | Hausework | Chronie Mysearlile | . 193 |
| year) 12. BIRTHPLACE (city or (Stata or country) | town) Oels | 11. Total time (years) spent in this occupation | Other Contributory Causes of importance: | 193 |
| 13. NAME 14. BIRTHPLACE (city | Joseph y or town) | Machine | Nama of operation | ite of |
| (State of coar | ntry) | 2 Nel | What test confirmed diagnosis? Was the | ere an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city (State or could (Address)) | | orgitain udersu | 23. If death was dua to extarnal causes (VIOL ENCE) fill in also tha for Accident, suicide, or homicide? | , 19 and State) |
| 18. BURIAL, CREMATION, | OR REMOVAL | \Date afr. 23 4, 19.3 | Manner of injury | |
| 19. UNDERTAKER(Address) | 1. 80 | Deuty. | 24. Was disease or injury in any way related to occupation of deceas | ed? Ow |
| 20. FILED 4-22 | 1935 / | m DO Lunge Registrar. | (Signed) (Address) Culture | 4 C |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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| Cerebral hemorrhage | July 5,1927 | Peritonitis 3 days ago |
| AND 12. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: |
| Gallstones | May 1,1923 | Gastroenteritis 1 year |
| | | |
| | | |

| ADDITIONAL SI | PACE FOR | FURTHER S | STATEMENTS | BY | PHYSICIAN |
|---------------|----------|-----------|------------|----|-----------|
|---------------|----------|-----------|------------|----|-----------|